



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200  
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**RBE2-10-1-01**  
**Job Sheet 188639**



Part No: RBE2-10-1-01

Job Qty: 10 pcs

Part Name: Slide



Part Weight: 0 lbs

Status: New

Priority: Medium

Job Created: 1/14/19

Job Tracking No:

Due Date: 1/18/19

Created By: Marie Lajeunesse

Type: SOLD

Description:

Note: DWG RBE2-10-1-01 Rev A IPP Rev A 18.01.12 New issue DP Verify DD

Ship Via:

### Bill of Materials

### Job Routing

| Op<br>No | Operation    | Qty    | Start Date | Due<br>Date | Standard     |            | Workcenter/Supplier | Sign-off |
|----------|--------------|--------|------------|-------------|--------------|------------|---------------------|----------|
|          |              |        |            |             | Setup<br>Hrs | Run<br>Hrs |                     |          |
| 120      | SL-2500Y - 1 | 10 pcs | 1/18/19    | 1/18/19     | 0.00         | 5.00       | SL-2500Y - 1        | SL       |
| 130      | QC 2         | 10 pcs | 1/18/19    | 1/18/19     | 0.00         | 0.00       | QC 2 - 1            |          |
|          |              |        |            |             |              |            | QC 2 - 12           |          |
|          |              |        |            |             |              |            | QC 2 - 14           |          |
|          |              |        |            |             |              |            | QC 2 - 17           |          |
|          |              |        |            |             |              |            | QC 2 - 19           |          |
|          |              |        |            |             |              |            | QC 2 - 2            |          |
|          |              |        |            |             |              |            | QC 2 - 20           |          |
|          |              |        |            |             |              |            | QC 2 - 22           |          |
|          |              |        |            |             |              |            | QC 2 - 23           |          |
|          |              |        |            |             |              |            | QC 2 - 25           | SL       |
|          |              |        |            |             |              |            | QC 2 - 32           |          |
|          |              |        |            |             |              |            | QC 2 - 33           |          |
|          |              |        |            |             |              |            | QC 2 - 35           |          |
|          |              |        |            |             |              |            | QC 2 - 38           |          |
|          |              |        |            |             |              |            | QC 2 - 39           |          |
|          |              |        |            |             |              |            | QC 2 - 4            |          |
|          |              |        |            |             |              |            | QC 2 - 40           |          |
|          |              |        |            |             |              |            | QC 2 - 44           |          |
|          |              |        |            |             |              |            | QC 2 - 45           |          |
|          |              |        |            |             |              |            | QC 2 - 48           |          |
|          |              |        |            |             |              |            | QC 2 - 49           |          |
|          |              |        |            |             |              |            | QC 2 - 50           |          |
|          |              |        |            |             |              |            | QC 2 - 51           |          |
|          |              |        |            |             |              |            | QC 2 - 52           |          |
|          |              |        |            |             |              |            | QC 2 - 54           |          |
|          |              |        |            |             |              |            | QC 2 - 56           |          |
|          |              |        |            |             |              |            | QC 2 - 57           |          |
|          |              |        |            |             |              |            | QC 2 - 62           |          |
|          |              |        |            |             |              |            | QC 2 - 63           |          |
|          |              |        |            |             |              |            | QC 2 - 8            |          |
| 140      | QC 8         | 10 pcs | 1/18/19    | 1/18/19     | 0.00         | 0.00       | QC 8 - 12           |          |

Entered: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / ROUTE UPDATE

NCR No. \_\_\_\_\_

Route update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                      |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |              |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |  |  |                                                       |                                                 |  |  |                                        |                                      |  |  |                                     |                                       |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------|--|------------------------------------------|----------------------------------------|-------------------------------------------|-------------------------------------------|----------------------------------|------------------------------------------------|----------------------------------------|--------------------------------------------|-----------------------------------|------------------------------------|------------------------------------------|----------------------------------|---------------------------------|-----------------------------------------------|--|--|-------------------------------------------------------|-------------------------------------------------|--|--|----------------------------------------|--------------------------------------|--|--|-------------------------------------|---------------------------------------|--|--|
| <b>Job:</b> _____<br><b>Part No.</b> _____                                                                                                                                                                                                                                                                                                                                           |                                                 | <b>DISPOSITION</b><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            | <b>DEPARTMENT/PROCESS</b><br>Skid-tube <input type="checkbox"/><br>Machining <input type="checkbox"/><br>Large Fab <input type="checkbox"/><br>Cross tube <input type="checkbox"/><br>Small Fab <input type="checkbox"/><br>Finishing <input type="checkbox"/><br>Eng. (Non-AW) <input type="checkbox"/><br>Prod. Eng. Coord. <input type="checkbox"/><br>Rec/Store/Packaging <input type="checkbox"/><br>Engineering <input type="checkbox"/><br>Water Jet <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Quality <input type="checkbox"/> |  |              |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |  |  |                                                       |                                                 |  |  |                                        |                                      |  |  |                                     |                                       |  |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                               |                                                 | Sequence #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            | QTY Affected :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | MRB (QSI042) |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |  |  |                                                       |                                                 |  |  |                                        |                                      |  |  |                                     |                                       |  |  |
| <b>Description Work Order Deviation</b>                                                                                                                                                                                                                                                                                                                                              |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            | <b>Disposition</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |              |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |  |  |                                                       |                                                 |  |  |                                        |                                      |  |  |                                     |                                       |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                      |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            | <b>Completed By</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |              |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |  |  |                                                       |                                                 |  |  |                                        |                                      |  |  |                                     |                                       |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                      |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            | <b>Lead hand / Supervisor</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |              |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |  |  |                                                       |                                                 |  |  |                                        |                                      |  |  |                                     |                                       |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                      |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            | <b>QC / QA Coordinator</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |              |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |  |  |                                                       |                                                 |  |  |                                        |                                      |  |  |                                     |                                       |  |  |
| <b>Root Cause</b><br>Operator <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Presservation <input type="checkbox"/><br>Material <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Human Factors <input type="checkbox"/> |                                                 | <b>FAULT CATEGORY</b><br><table border="0"><tr><td><input type="checkbox"/> Pressure/Forced</td><td><input type="checkbox"/> Contamination</td><td><input type="checkbox"/> Power Loss/Surge</td><td><input type="checkbox"/> Positioned Wrong</td></tr><tr><td><input type="checkbox"/> Bending</td><td><input type="checkbox"/> Misaligned/off center</td><td><input type="checkbox"/> Folio/Program</td><td><input type="checkbox"/> Outside Tolerance</td></tr><tr><td><input type="checkbox"/> Crushing</td><td><input type="checkbox"/> BOM/Route</td><td><input type="checkbox"/> Grain Direction</td><td><input type="checkbox"/> Drawing</td></tr><tr><td><input type="checkbox"/> Cracks</td><td><input type="checkbox"/> Broken/Damage/Defect</td><td></td><td></td></tr><tr><td><input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist</td><td><input type="checkbox"/> Incomplete/Unclear Ins</td><td></td><td></td></tr><tr><td><input type="checkbox"/> Marks/Chatter</td><td><input type="checkbox"/> Drill Holes</td><td></td><td></td></tr><tr><td><input type="checkbox"/> Mislabeled</td><td><input type="checkbox"/> Fit/Function</td><td></td><td></td></tr></table><br>Other/Details: _____ |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |              |  | <input type="checkbox"/> Pressure/Forced | <input type="checkbox"/> Contamination | <input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Positioned Wrong | <input type="checkbox"/> Bending | <input type="checkbox"/> Misaligned/off center | <input type="checkbox"/> Folio/Program | <input type="checkbox"/> Outside Tolerance | <input type="checkbox"/> Crushing | <input type="checkbox"/> BOM/Route | <input type="checkbox"/> Grain Direction | <input type="checkbox"/> Drawing | <input type="checkbox"/> Cracks | <input type="checkbox"/> Broken/Damage/Defect |  |  | <input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist | <input type="checkbox"/> Incomplete/Unclear Ins |  |  | <input type="checkbox"/> Marks/Chatter | <input type="checkbox"/> Drill Holes |  |  | <input type="checkbox"/> Mislabeled | <input type="checkbox"/> Fit/Function |  |  |
| <input type="checkbox"/> Pressure/Forced                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Contamination          | <input type="checkbox"/> Power Loss/Surge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Positioned Wrong  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |              |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |  |  |                                                       |                                                 |  |  |                                        |                                      |  |  |                                     |                                       |  |  |
| <input type="checkbox"/> Bending                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Misaligned/off center  | <input type="checkbox"/> Folio/Program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Outside Tolerance |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |              |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |  |  |                                                       |                                                 |  |  |                                        |                                      |  |  |                                     |                                       |  |  |
| <input type="checkbox"/> Crushing                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> BOM/Route              | <input type="checkbox"/> Grain Direction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Drawing           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |              |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |  |  |                                                       |                                                 |  |  |                                        |                                      |  |  |                                     |                                       |  |  |
| <input type="checkbox"/> Cracks                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Broken/Damage/Defect   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |              |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |  |  |                                                       |                                                 |  |  |                                        |                                      |  |  |                                     |                                       |  |  |
| <input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Incomplete/Unclear Ins |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |              |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |  |  |                                                       |                                                 |  |  |                                        |                                      |  |  |                                     |                                       |  |  |
| <input type="checkbox"/> Marks/Chatter                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Drill Holes            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |              |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |  |  |                                                       |                                                 |  |  |                                        |                                      |  |  |                                     |                                       |  |  |
| <input type="checkbox"/> Mislabeled                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Fit/Function           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |              |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |  |  |                                                       |                                                 |  |  |                                        |                                      |  |  |                                     |                                       |  |  |

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CANADA  
TEL: 1 813 632-5200  
Email: sales@dartaero.com  
www.dartaerospace.com

Container No: S144624

Part: RB2-10-1-01

Job No: 188639

Serial No/Batch: S144624

Revision: A

Inspector:

Exp Date:

Instructions:

Finish

Well

Date: 01/14/19



|     |                               |        |         |              |                        |
|-----|-------------------------------|--------|---------|--------------|------------------------|
|     |                               |        |         | QC 8 - 14    |                        |
|     |                               |        |         | QC 8 - 17    |                        |
|     |                               |        |         | QC 8 - 20    |                        |
|     |                               |        |         | QC 8 - 25    |                        |
|     |                               |        |         | QC 8 - 3     |                        |
|     |                               |        |         | QC 8 - 32    |                        |
|     |                               |        |         | QC 8 - 33    |                        |
|     |                               |        |         | QC 8 - 35    |                        |
|     |                               |        |         | QC 8 - 38    |                        |
|     |                               |        |         | QC 8 - 39    |                        |
|     |                               |        |         | QC 8 - 4     |                        |
|     |                               |        |         | QC 8 - 44    |                        |
|     |                               |        |         | QC 8 - 45    |                        |
|     |                               |        |         | QC 8 - 49    |                        |
|     |                               |        |         | QC 8 - 58    |                        |
|     |                               |        |         | QC 8 - 8     |                        |
|     |                               |        |         | QC 8 - 9     |                        |
|     |                               |        |         | QC 8 - 68    |                        |
|     |                               |        |         | QC 8 - 67    |                        |
|     |                               |        |         | QC 8 - 1 (A) |                        |
| 170 | Outsource - 12 - Black Oxide  | 10 pcs | 1/18/19 | GRO002-VC    | 10                     |
| 180 | Packaging 2-1 - Receive - B4B | 10 pcs | 1/18/19 | 0.00 0.00    | Packaging 2 - 1 - B4B  |
|     |                               |        |         |              | Packaging 2 - 2 - B4B  |
|     |                               |        |         |              | Packaging 2 - 3 - B4B  |
|     |                               |        |         |              | Packaging 2 - 5 - B4B  |
|     |                               |        |         |              | Packaging 2 - 4 - B4B  |
|     |                               |        |         |              | Packaging 2 - 6 - B4B  |
|     |                               |        |         |              | Packaging 2 - 7 - B4B  |
|     |                               |        |         |              | Packaging 2 - 8 - B4B  |
|     |                               |        |         |              | Packaging 2 - 9 - B4B  |
|     |                               |        |         |              | Packaging 2 - 10 - B4B |
|     |                               |        |         |              | Packaging 2 - 11 - B4B |
|     |                               |        |         |              | Packaging 2 - 12 - B4B |
|     |                               |        |         |              | Packaging 2 - 13 - B4B |
|     |                               |        |         |              | Packaging 2 - 14 - B4B |
|     |                               |        |         |              | Packaging 2 - 15 - B4B |
|     |                               |        |         |              | Packaging 2 - 16 - B4B |
|     |                               |        |         |              | Packaging 2 - 17 - B4B |
|     |                               |        |         |              | Packaging 2 - 18 - B4B |
|     |                               |        |         |              | Packaging 2 - 19 - B4B |
|     |                               |        |         |              | Packaging 2 - 20 - B4B |
|     |                               |        |         |              | Packaging 2 - 21 - B4B |
|     |                               |        |         |              | Packaging 2 - 22 - B4B |
|     |                               |        |         |              | Packaging 2 - 23 - B4B |
|     |                               |        |         |              | Packaging 2 - 24 - B4B |
|     |                               |        |         |              | Packaging 2 - 25 - B4B |
|     |                               |        |         |              | Packaging 2 - 26 - B4B |
|     |                               |        |         |              | Packaging 2 - 27 - B4B |
|     |                               |        |         |              | Packaging 2 - 28 - B4B |
|     |                               |        |         |              | Packaging 2 - 29 - B4B |
|     |                               |        |         |              | Packaging 2 - 30 - B4B |
|     |                               |        |         |              | Packaging 2 - 31 - B4B |
|     |                               |        |         |              | Packaging 2 - 32 - B4B |
|     |                               |        |         |              | Packaging 2 - 33 - B4B |
|     |                               |        |         |              | Packaging 2 - 34 - B4B |
|     |                               |        |         |              | Packaging 2 - 35 - B4B |
|     |                               |        |         |              | Packaging 2 - 36 - B4B |
| 190 | QC 6                          | 10 pcs | 1/18/19 | 0.00 0.00    | QC 6 - 38              |
|     |                               |        |         |              | QC 6 - 42              |
|     |                               |        |         |              | QC 6 - 9               |

17-01-14  
CC 19-01-15

18. JAN 21 2019

DAS  
38  
9-88

Entered: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / ROUTE UPDATE

NCR No. \_\_\_\_\_

Route update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                               |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------|--|
| Job: _____<br><br>Part No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/> | <b>DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/> </div> <div>           Eng. (Non-AW) <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Water Jet <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Quality <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                               |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Sequence #: _____                                                                                                                 | QTY Affected : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | MRB (QSI042) _____            |  |
| <b>Description Work Order Deviation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                   | <b>Disposition</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>Completed By</b>           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>Lead hand / Supervisor</b> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>QC / QA Coordinator</b>    |  |
| <b>Root Cause</b><br><br><div style="display: flex; flex-direction: column;"> <div>Operator <input type="checkbox"/></div> <div>Manufacturing Process <input type="checkbox"/></div> <div>Equip/Tooling <input type="checkbox"/></div> <div>Handling/Presservation <input type="checkbox"/></div> <div>Material <input type="checkbox"/></div> <div>Product Improvement <input type="checkbox"/></div> <div>Process Improvement <input type="checkbox"/></div> <div>Human Factors <input type="checkbox"/></div> </div> |                                                                                                                                   | <b>FAULT CATEGORY</b><br><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Pressure/Forced<br/> <input type="checkbox"/> Bending<br/> <input type="checkbox"/> Crushing<br/> <input type="checkbox"/> Cracks<br/> <input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist<br/> <input type="checkbox"/> Marks/Chatter<br/> <input type="checkbox"/> Mislabeled         </div> <div style="width: 50%;"> <input type="checkbox"/> Contamination<br/> <input type="checkbox"/> Misaligned/off center<br/> <input type="checkbox"/> BOM/Route<br/> <input type="checkbox"/> Broken/Damage/Defect<br/> <input type="checkbox"/> Incomplete/Unclear Instructions<br/> <input type="checkbox"/> Drill Holes<br/> <input type="checkbox"/> Fit/Function         </div> <div style="width: 50%;"> <input type="checkbox"/> Power Loss/Surge<br/> <input type="checkbox"/> Folio/Program<br/> <input type="checkbox"/> Grain Direction<br/> <input type="checkbox"/> Weld<br/> <input type="checkbox"/> Wrong Stock Pulled<br/> <input type="checkbox"/> Out of Sequence<br/> <input type="checkbox"/> Off-set/Set-up         </div> <div style="width: 50%;"> <input type="checkbox"/> Positioned Wrong<br/> <input type="checkbox"/> Outside Tolerance<br/> <input type="checkbox"/> Drawing<br/> <input type="checkbox"/> Finish<br/> <input type="checkbox"/> Part Lost/Missing<br/> <input type="checkbox"/> Misread         </div> </div> |  |                               |  |
| Other/Details: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                               |  |



|                                        |         |           |                        |                        |
|----------------------------------------|---------|-----------|------------------------|------------------------|
| 200 Packaging 3-1 - Stock - B4B 10 pcs | 1/18/19 | 0.00 0.00 | QC 6 - 68              |                        |
|                                        |         |           | QC 6 - 61              |                        |
|                                        |         |           | Packaging 3 - 1 - B4B  |                        |
|                                        |         |           | Packaging 3 - 2 - B4B  |                        |
|                                        |         |           | Packaging 3 - 3 - B4B  |                        |
|                                        |         |           | Packaging 3 - 4 - B4B  |                        |
|                                        |         |           | Packaging 3 - 5 - B4B  |                        |
|                                        |         |           | Packaging 3 - 6 - B4B  |                        |
|                                        |         |           | Packaging 3 - 7 - B4B  |                        |
|                                        |         |           | Packaging 3 - 8 - B4B  |                        |
|                                        |         |           | Packaging 3 - 9 - B4B  |                        |
|                                        |         |           | Packaging 3 - 10 - B4B | MLC                    |
|                                        |         |           | Packaging 3 - 11 - B4B |                        |
|                                        |         |           | Packaging 3 - 12 - B4B |                        |
|                                        |         |           | Packaging 3 - 13 - B4B |                        |
|                                        |         |           | Packaging 3 - 14 - B4B |                        |
|                                        |         |           | Packaging 3 - 15 - B4B |                        |
|                                        |         |           | Packaging 3 - 16 - B4B |                        |
|                                        |         |           | Packaging 3 - 17 - B4B |                        |
|                                        |         |           | Packaging 3 - 18 - B4B |                        |
|                                        |         |           | Packaging 3 - 19 - B4B |                        |
|                                        |         |           | Packaging 3 - 20 - B4B |                        |
|                                        |         |           | Packaging 3 - 21 - B4B |                        |
|                                        |         |           | Packaging 3 - 22 - B4B |                        |
|                                        |         |           | Packaging 3 - 23 - B4B |                        |
|                                        |         |           | Packaging 3 - 24 - B4B |                        |
|                                        |         |           | Packaging 3 - 25 - B4B |                        |
|                                        |         |           | Packaging 3 - 26 - B4B |                        |
|                                        |         |           | Packaging 3 - 27 - B4B |                        |
|                                        |         |           | Packaging 3 - 28 - B4B |                        |
|                                        |         |           | Packaging 3 - 29 - B4B |                        |
|                                        |         |           | Packaging 3 - 30 - B4B |                        |
|                                        |         |           | Packaging 3 - 31 - B4B |                        |
|                                        |         |           | Packaging 3 - 32 - B4B |                        |
|                                        |         |           | Packaging 3 - 33 - B4B |                        |
|                                        |         |           | Packaging 3 - 34 - B4B |                        |
|                                        |         |           | Packaging 3 - 35 - B4B |                        |
|                                        |         |           | Packaging 3 - 36 - B4B |                        |
| 210 QC 21 - SA                         | 1/18/19 | 0.00 0.00 | QC 21 - SA - 21        | DAS 21 JAN 23 2019 41C |
|                                        |         |           | QC 21 - SA - 70        |                        |

Part Op 120 - SL2500Y (MORI SL2500Y LATHE) 1-Machine as per DWG. FB747 FOLIO REV: AA DWG REV: 21  
 Descriptions: A 2-Deburr 3-Engrave T/N And / or S/N number as required Using Marktronic engraver as per DWG.

130 - (QC2- Inspect parts off machine FAI/FAIB)

140 - (QC8- Inspect parts - second check)

170 - -Issue P/O to Groupe Altech; PO 042280 -Black oxide finish, MIL-C-13964, CLASS 1; MIL-C-16173 GRADE 4 -Certificate of Conformity is required

180 - (Receive & Inspect for Damage & Mat'l Certs)

190 - (QC6- All purchased or subcontracted products)

200 - (Identify as per dwg & Stock Location: \_\_\_\_\_)

210 - (QC21- Final Inspection - Work Order Release)

#### Job BOM

| Part / Item | Component Name | Quantity                     | Operation        | Container |
|-------------|----------------|------------------------------|------------------|-----------|
| M1018R2.250 | M1018R2.250    | .1250 ft (.0125 ea)<br>- 116 | 120-SL-2500Y - 1 |           |

#### Job Allocations

| Operation        | Component Part | Required | Inventory | Allocated |
|------------------|----------------|----------|-----------|-----------|
| 120-SL-2500Y - 1 | M1018R2.250    | 0        | 1         | 0         |

#### Part Specifications

Entered: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / ROUTE UPDATE

NCR No. \_\_\_\_\_

Route update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                        |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------|--|
| Job: _____<br><br>Part No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/> | <b>DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/> </div> <div>           Eng. (Non-AW) <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Water Jet <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Quality <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                      |  |                        |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Sequence #:                                                                                                                       | QTY Affected :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | MRB (QSI042)           |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                   | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Completed By           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Lead hand / Supervisor |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                        |  |
| <b>Root Cause</b><br><br><div style="display: flex;"> <div style="flex: 1;">           Operator <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Presservation <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Human Factors <input type="checkbox"/> </div> <div style="flex: 1;"> <input type="checkbox"/> Pressure/Forced<br/> <input type="checkbox"/> Bending<br/> <input type="checkbox"/> Crushing<br/> <input type="checkbox"/> Cracks<br/> <input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist<br/> <input type="checkbox"/> Marks/Chatter<br/> <input type="checkbox"/> Mislabeled         </div> </div> |                                                                                                                                   | <b>FAULT CATEGORY</b><br><br><div style="display: flex;"> <div style="flex: 1;"> <input type="checkbox"/> Contamination<br/> <input type="checkbox"/> Misaligned/off center<br/> <input type="checkbox"/> BOM/Route<br/> <input type="checkbox"/> Broken/Damage/Defect<br/> <input type="checkbox"/> Incomplete/Unclear Instructions<br/> <input type="checkbox"/> Drill Holes<br/> <input type="checkbox"/> Fit/Function         </div> <div style="flex: 1;"> <input type="checkbox"/> Power Loss/Surge<br/> <input type="checkbox"/> Folio/Program<br/> <input type="checkbox"/> Grain Direction<br/> <input type="checkbox"/> Weld<br/> <input type="checkbox"/> Wrong Stock Pulled<br/> <input type="checkbox"/> Out of Sequence<br/> <input type="checkbox"/> Off-set/Set-up         </div> <div style="flex: 1;"> <input type="checkbox"/> Positioned Wrong<br/> <input type="checkbox"/> Outside Tolerance<br/> <input type="checkbox"/> Drawing<br/> <input type="checkbox"/> Finish<br/> <input type="checkbox"/> Part Lost/Missing<br/> <input type="checkbox"/> Misread         </div> </div> |  |                        |  |
| Other/Details:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                        |  |

Specifications could not be found.

Plex 1/14/19 7:48 AM Dart.lajeunesse.marie



Entered: \_\_\_\_\_ Date: \_\_\_\_\_



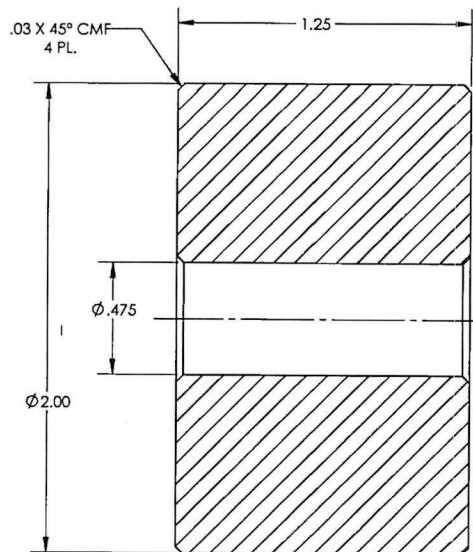
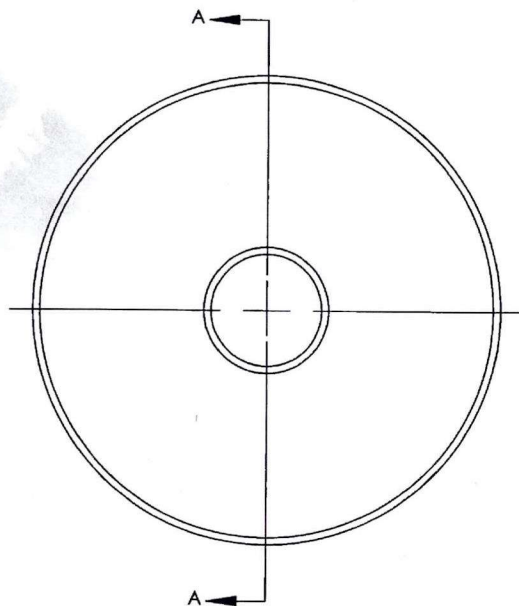
## WORK ORDER NON-CONFORMANCE / ROUTE UPDATE

NCR No. \_\_\_\_\_

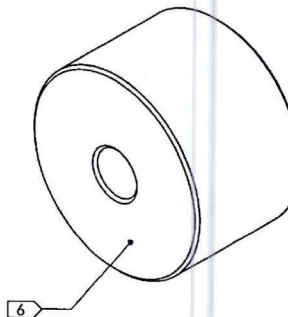
Route update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------|--|
| Job: _____<br><br>Part No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/> | <b>DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/> </div> <div>           Eng. (Non-AW) <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Water Jet <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Quality <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                        |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Sequence #:                                                                                                                       | QTY Affected :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | MRB (QSI042)           |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                   | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Completed By           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Lead hand / Supervisor |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | QC / QA Coordinator    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                        |  |
| <b>Root Cause</b><br><br><div style="display: flex; flex-direction: column;"> <div>Operator <input type="checkbox"/></div> <div>Manufacturing Process <input type="checkbox"/></div> <div>Equip/Tooling <input type="checkbox"/></div> <div>Handling/Presservation <input type="checkbox"/></div> <div>Material <input type="checkbox"/></div> <div>Product Improvement <input type="checkbox"/></div> <div>Process Improvement <input type="checkbox"/></div> <div>Human Factors <input type="checkbox"/></div> </div> |                                                                                                                                   | <b>FAULT CATEGORY</b><br><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Pressure/Forced<br/> <input type="checkbox"/> Bending<br/> <input type="checkbox"/> Crushing<br/> <input type="checkbox"/> Cracks<br/> <input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist<br/> <input type="checkbox"/> Marks/Chatter<br/> <input type="checkbox"/> Mislabeled         </div> <div style="width: 50%;"> <input type="checkbox"/> Contamination<br/> <input type="checkbox"/> Misaligned/off center<br/> <input type="checkbox"/> BOM/Route<br/> <input type="checkbox"/> Broken/Damage/Defect<br/> <input type="checkbox"/> Incomplete/Unclear Instructions<br/> <input type="checkbox"/> Drill Holes<br/> <input type="checkbox"/> Fit/Function         </div> <div style="width: 50%;"> <input type="checkbox"/> Power Loss/Surge<br/> <input type="checkbox"/> Folio/Program<br/> <input type="checkbox"/> Grain Direction<br/> <input type="checkbox"/> Weld<br/> <input type="checkbox"/> Wrong Stock Pulled<br/> <input type="checkbox"/> Out of Sequence<br/> <input type="checkbox"/> Off-set/Set-up         </div> <div style="width: 50%;"> <input type="checkbox"/> Positioned Wrong<br/> <input type="checkbox"/> Outside Tolerance<br/> <input type="checkbox"/> Drawing<br/> <input type="checkbox"/> Finish<br/> <input type="checkbox"/> Part Lost/Missing<br/> <input type="checkbox"/> Misread         </div> </div> |  |                        |  |
| Other/Details:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                        |  |





SECTION A-A



SHOP COPY  
RETURN TO  
ENGINEERING  
UNCONTROLLED COPY  
SUBJECT TO CHANGE  
WITHOUT NOTICE  
WORK IN PROGRESS  
NO. 188639 MJS  
1901-19

RBE2-10-1-01 SLIDE

NOTES:

- 1) MATERIAL: AISI 1018/1020 CR
- 2) HEAT TREAT: N/A
- 3) FINISH: BLACK OXIDE
- 4) SPEC: MIL-C-13924, CLASS 1; MIL-C-16173 GRADE 4
- 5) BREAK ALL SHARP EDGES .015 x 45° OR .015R
- 6) IDENTIFICATION: MACHINE ENGRAVE P/N & S/N

|                                                                                                                                                                                                                                                                       |                               |                             |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------|--|
| <b>DART</b><br>AEROSPACE                                                                                                                                                                                                                                              |                               | Hawkesbury, Ontario, Canada |  |
| TITLE<br><b>SLIDE</b>                                                                                                                                                                                                                                                 |                               |                             |  |
| DWD NO.<br><b>RBE2-10-1-01</b>                                                                                                                                                                                                                                        |                               | REV<br><b>A</b>             |  |
| DESIGN BY:<br>VM 10/2/2017                                                                                                                                                                                                                                            | CHECKED BY:<br>SAC 10/02/2017 | DATE:<br>10/2/2017          |  |
| DRAWN BY:<br>VM 10/02/2017                                                                                                                                                                                                                                            | APPROVED BY:<br>VM 10/04/2017 | SCALE: NTS                  |  |
| MFG. APPR:<br>VM 10/04/2017                                                                                                                                                                                                                                           |                               | WEIGHT: 1.058 LBS           |  |
| DATE:<br>10/2/2017                                                                                                                                                                                                                                                    |                               | SHEET 2 OF 2                |  |
| COPYRIGHT © 2011 BY DART AEROSPACE LTD.<br>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE<br>REPRODUCED OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION<br>FROM DART AEROSPACE LTD. |                               |                             |  |







Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

# PURCHASE ORDER

## PO042280



**Supplier:** GRO002-VC  
Group Altech  
2455 Halpern  
St Laurent  
QC  
H4S 1N9 Canada  
Phone: 514-335-3666  
Fax: 514-335-3868

**PO No:** PO042280  
**PO Date:** 1/15/19  
**Due Date:** 1/18/19  
**Purchase Order Revision:**  
**Revision Date:**  
**Ship-To Contact:** Tsimiklis, ChrisoulaPhone:

**Ship To:** 1270 Aberdeen Street  
Hawkesbury  
ON  
K6A 1K7 Canada  
Phone: 613-632-5200

**Via:** Ground  
**Pymt Terms:** Net 60  
**Freight Terms:**  
**Special Comments:** \*revised\*

### Items

| Line Item                  | Job    | Part         | Description                                                                                                                                                                                                                                                                                                                  | Status | Account | Due Date | Order Quantity | Received Quantity | Balance | Unit Price (CAD) | Extended Price |
|----------------------------|--------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|----------|----------------|-------------------|---------|------------------|----------------|
| ①                          | 185716 | RBT18512     | Main Rotor Rotating Swashplate Bearing Removal -Issue P/O;<br><br>-Black oxide finish, MIL-C-13924C Class 1<br>-Apply thin layer of oil/CPC per MIL-PRF-16173 Grade 3 Class 1 or MIL-c-81309 Type III Or MILL-C23411A or MIL-PRF-81309 and wipe off excess.<br>-Material type; DOM<br>-Certificate of Conformity is required | Firmed | -       | 1/18/19  | 10 pcs         | 0 pcs             | 10 pcs  | \$10.95/pcs      | \$109.50       |
| 10 x JAN 21 2019           |        |              |                                                                                                                                                                                                                                                                                                                              |        |         |          |                |                   |         |                  |                |
| Line Item Note *need asap* |        |              |                                                                                                                                                                                                                                                                                                                              |        |         |          |                |                   |         |                  |                |
| ②                          | 188639 | RBE2-10-1-01 | Slide -Issue P/O to Groupe Altech; PO<br><br>-Black oxide finish, MIL-C-13964, CLASS 1; MIL-C-16173 GRADE 4<br>-Certificate of Conformity is required                                                                                                                                                                        | Firmed | -       | 1/18/19  | 7 pcs          | 0 pcs             | 7 pcs   | \$6.00/pcs       | \$42.00        |
| 7 x JAN 21 2019            |        |              |                                                                                                                                                                                                                                                                                                                              |        |         |          |                |                   |         |                  |                |

DAS  
38  
9-89



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

# PURCHASE ORDER

## PO042280



### Items

| Line Item | Job    | Part         | Description                                                                                                                                                                                                                                                                                                                     | Status | Account | Due Date | Order Quantity | Received Quantity | Balance | Unit Price (CAD) | Extended Price |
|-----------|--------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|----------|----------------|-------------------|---------|------------------|----------------|
| 3         | 188454 | RB6796941-16 | Punch<br>-Issue P/O;<br><br>-Black oxide finish,<br>MIL-C-13924C<br>Class 1<br>-Apply thin layer of<br>oil/CPC per MIL-<br>PRF-16173 Grade<br>3 Class 1 or MIL-c-<br>81309 Type III<br>Or MILL-C23411A<br>or MIL-PRF-81309<br>and wipe off<br>excess.<br>-Material type;<br>DOM<br>-Certificate of<br>Conformity is<br>required | Firmed | -       | 1/18/19  | 6 pcs          | 0 pcs             | 6 pcs   | \$3.05/pcs       | \$18.30        |

6 x JAN 21 2019

Grand Total: \$169.80

### Order Notes

#### Procurement Quality Clauses

A005 right of entry  
A012 chemical and physical test report  
A016 personnel qualification  
A017 raw material identification (as applicable)

A022 Apical Processing  
A024 process certifications  
A026 certification of material conformance

A041 quality management system  
A042 dart notification by supplier  
A043 retention of quality documents

A048 counterfeit parts avoidance, detection, mitigation and disposition program

A049 supplier awareness

Terms & Condition of Purchasing(Suppliers) and Procurement Quality Clauses are an integral part of our AS9100 requirements. To learn in detail, please visit [www.dartaerospace.com](http://www.dartaerospace.com) for further explanation.

Plex 1/16/19 10:09 AM dart.tsimiklis.chrisoula





# Certificat de Conformité / Certificate of Compliance

(016009-1)

2455, Rue Halpern | Saint-Laurent | Québec | H4S 1N9  
Tel: 514-335-3666 Fax: 514-335-3868

www.groupaltech.com

## Bon de Livraison / Packing Slip

**016009 - 1**

Livré à / Ship to

**DART AEROSPACE LTD**

1270 ABERDEEN STREET

HAWKESBURY, ON, K6A1K7

CANADA

Tel.: 613-632-5200 Fax.:

Client / Customer:

**DART AEROSPACE LTD**

1270 ABERDEEN STREET

HAWKESBURY, ON, K6A1K7

CANADA

BUYER:

| Date expédition<br>Ship date |                                                                            | Créé Par<br>Generated By                                                                         | Transport / No de Compte<br>Courier / Acc. No. | Bon de commande Client<br>Customer Purchase Order No. |                 |                   |               |                        |
|------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------|-----------------|-------------------|---------------|------------------------|
| 18-Jan-2019                  |                                                                            | Aman                                                                                             |                                                | 042280 ✓                                              |                 |                   |               |                        |
| #Ligne<br>Line#              | No. de Série / # Pièce<br>Part Number / Line Item Details<br>Job # / Ref # | Description pièce(s)                                                                             | CATG.<br>U/M                                   | Comm.<br>/Ordered                                     | Exp/<br>Shipped | Qté NC/<br>NC Qty | Qté<br>Scrap/ | À venir/<br>Back Order |
| 1                            | RBT18512 ✓<br>Rev.                                                         | RBT18512<br>BLACK OXIDE PER MIL-C-13924C CLASS 1<br>APPLY THIN LAYER OF OIL, WIPE OFF EXCESS     | BLACK-OXIDE<br>CH                              | 10                                                    | 10 ✓            | 0                 | 0             | 0                      |
| 2                            | RBE2-10-1-01 ✓<br>Rev.                                                     | RBE2-10-1-01<br>BLACK OXIDE PER MIL-C-13924C CLASS 1<br>APPLY THIN LAYER OF OIL, WIPE OFF EXCESS | BLACK-OXIDE<br>CH                              | 7                                                     | 7 ✓             | 0                 | 0             | 0                      |
| 3                            | RB6796941-16 ✓<br>Rev.                                                     | RB6796941-16<br>BLACK OXIDE PER MIL-C-13924C CLASS 1<br>APPLY THIN LAYER OF OIL, WIPE OFF EXCESS | OXIDE-BLACK<br>CH                              | 6                                                     | 6 ✓             | 0                 | 0             | 0                      |

Notes Additionnelles / Additional Notes

Epaisseur réelle  
Actual Thickness

Inspecteur Qualité  
Quality Inspector

Réçu par  
Received By

Nous certifions que les pièces énumérées ci-dessus ont été traitées en conformité avec votre commande et vos spécifications et rencontrent les exigences.  
Notre responsabilité financière et légale ne sera pas supérieure au montant de la facture issue.

We hereby certify that the parts listed above have been process in accordance with your purchase order and specifications and are in conformance with your requirements.  
Our financial and legal responsibility will not be higher than the amount of invoice.